

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. XI.

LOUISVILLE, MARCH 19, 1881.

No. 12.

R. O. COWLING, A. M., M. D., Editor.

H. A. COTTELL, M. D., Managing Editor.

THE MONEY QUESTION.

Our correspondent on the money question in this issue opens the case of physician vs. pharmacist, and does it in an exceedingly readable way. It is an old phase of the question, and we had wondered a little that it had not been presented in this discussion before. Four or five years ago it was all the rage, and woes high-numbered to the art, it was declared, had sprung from the invasion of our territory by ambitious and avaricious apothecaries. It was probably because the question had been so thoroughly discussed in those days that we have heard of it so much less of late; although we did, by the way, receive circulars from a Philadelphia coöperative association the other day, the intent of which was that the non-pharmaceutical doctors and the non-prescribing druggists would stand by each other.

We have expressed ourselves so often in these pages upon the position of physicians to pharmacy that we think there can be little doubt as to where we stand.

We are for the best physic and the best physicians. Certainly the purity, the accuracy, the elegance of the modern preparation of drugs put us under lasting obligations to our friends who have contributed so much to the elegance and accuracy of our arms. That they overdo the matter is perhaps true; but there would be no supply without the demand. That they can afford to make their thousand and one prepara-

tions staggers head as well as stomach; but they certainly do, and some exceed in fortune even the medical journalist.

Whatever may be said of the retail druggist, we dare to declare that these manufacturers are the best friends of the physician, aiding him by their art in putting his tools in most efficient shape; and if it be true that the dispenser of drugs is the enemy of the physician, giving him the most efficient means to combat his machinations. If the modern doctor has any thing against the modern druggist by reason of the fact that he ekes out a not wholly unwretched existence by dispensing patent medicines and re-vamping the prescriptions on his files, he may thank the modern manufacturer for the means he has given him to enable his patients to skip his dispensary friend well nigh entirely. Theoretically, at least, we are decidedly for the pocket-case as one of the most powerful adjuvants for our own popularity, and it is the modern manufacturer who allows us to play the dispensing rôle with absolute accuracy.

The money question, it seems to us, grows in interest and proves many-sided. We did n't care about "summing up" just now, but thought it well enough just here to put in some say. We have some decided opinion of our own which we will let out some day as to why we are not all rich in medicine. It verges toward the fact that there are probably not too many doctors and druggists, but possibly not enough people, and one or two other matters which we reserve.

STATE Society meets April 5 at Covington.

Original.

REPORT OF A CASE OF STRYCHNIA-POISONING TREATED BY HYDRATE OF CHLORAL AND CHLOROFORM.

BY BENTON J. HON, M.D.

On February 25th I was called to see Mr. L. M., of Orleans, Ind., whose wife had given him by mistake about three grains of strychnia sulphate done up in a capsule. I reached the house in fifteen or twenty minutes after the taking of the drug, and found the patient in a state of high nervous excitement, starting at the least sound, while muscular spasm was beginning to show itself by an almost constant twitching in the limbs. The patient also complained of a sensation of constriction about the throat and chest.

There being no history of poisoning in the case, I was at first uncertain as to diagnosis; but feeling that I must meet existing conditions, and having nothing but a small pocket medicine-case with me, I administered a dose of morphia sulphate. But the symptoms continued, and as the case developed I began to suspect the cause, and sent immediately for ipecac, which I gave in large doses until the patient vomited freely, the morphia probably coming up with the vomited matter.

As soon as the patient recovered from the effect of the emetic I gave him sixty grains of chloral hydrate. The evidence of strychnia-poisoning was now well marked, for the muscular system was in a condition of tonic spasm. The eyes looked wild and staring, the arms were bent at the elbows and fixed, the hands clinched, and opisthotonus complete. Consciousness, however, was not affected. An examination of the medicine from which the dose had been taken confirmed the diagnosis.

I now resorted to chloroform by inhalation, giving it without stint, and continued the chloral in doses of sixty grains hourly.

I commenced treatment at about eleven o'clock A.M., and at three o'clock P.M. the patient's condition was such that I thought it proper to leave him. At this time he was in a remarkably comfortable state, considering the fact that in less than four hours' time he had swallowed three grains of strychnia, taken a dose of morphia, and two or three drams of ipecac, had vomited freely, and had been subjected to the racking of two strong tonic spasms, the last of which did not suc-

cumb until after he had taken one hundred and eighty grains of chloral hydrate, and about seven ounces of chloroform.

From this time on my patient continued to improve, and made a complete recovery.

ORLEANS, IND.

PROMPT VACCINATION.

A Case showing the Value of prompt Vaccination as a Means of saving a Child born of a Mother at the time a Subject of Smallpox.

BY TURNER ANDERSON, M.D.

Since attention is just now being directed to smallpox, in consequence of its prevalence in many of our northern cities, I deem the present a favorable time to report the following case showing the prophylactic influence exerted by vaccination in an infant born at a time when its mother was suffering from the first-named disease.

Mrs. P., residing in W. Green Street, when in her last week of pregnancy contracted smallpox. She was the mother of several children, and could not remember ever to have been vaccinated, and a careful examination of her arms failed to show any indication of the operation. Her labor had already commenced and was progressing naturally. The eruption covered the face, neck, and was plainly visible upon other portions of the body. The character was of the confluent variety. The premonitory symptoms had been as usual, and there was a considerable amount of ulceration already present. She, however, bore the labor quite satisfactorily, and was safely delivered.

The child presented nothing unusual at its birth, and after being washed I vaccinated it by one insertion of the virus in each arm. It was then ordered to be fed on cow's milk properly diluted. I now watched the infant with feelings both of apprehension and curiosity, and was pleased to find at each visit that it thrived, and on the fourth day gave unmistakable evidence that the vaccination was working. From this time on there was nothing presented by the case more than is usually observed in a successful vaccination. The protection was complete as regarded smallpox, and I had the pleasure of showing the child to several medical friends between the eighth and twelfth days, when the vaccination was in its most active stage, and occasionally now, after the lapse of six years, I see a vigorous little boy saved, as I believe, by the immortal Jenner's discovery.

The mother, as was of course expected, survived her confinement but a short time, dying on the second day after her labor.

According to the text-books, the first week or ten days after birth is the time of greatest danger to a child born under the above mentioned conditions, and hence too much stress can not be laid upon the importance of prompt vaccination in such a case.

LOUISVILLE.

MATERNAL IMPRESSIONS—A REPORT OF A CASE.

BY T. J. DRAPER, M.D.

I wish to call attention, not to any particular mark or deformity of which we have all seen or heard, but to a case of marked similarity of an infant to another person both in features and affection.

The case I wish to report is this: Mrs. D., primipara, during gestation, about the fifth month, attended on a boy suffering severely with scrofula—i. e. inflammation, suppuration, etc. of the lymphatic glands. Mrs. D., being of a sympathetic temperament, was very much exercised about his suffering. So much to heart did she take it that she was advised not to see him any more. It should be remarked they were not related, but she would persist in talking about him and how sorry she was for him.

At term she was delivered of a healthy child. At about the sixth month the child was decidedly of a scrofulous diathesis. At the twelfth month the lymphatic glands became inflamed and suppurated, following the course of the boy's illness in every particular except in degree and termination, for in the child there was a complete cessation of the urine and death by uremic poisoning. So completely and minutely did the child favor the youth—and it was not noticed before this—that visitors were continually noticing it. Indeed its very features were his; its eyes, nose, mouth, chin, and even its expression were complete counterparts of his. It should be noted there is no evidence of scrofula in the families of either the father or mother of the child. Nor is there any reason to suppose that the infant could have acquired it.

I will leave the reader to his own opinion as to whether this condition of the child was caused by the influence of the boy on the mother, or only a coincidence, the doom of many a vexed question.

LITTLE ROCK, ARK.

Correspondence.

MORE MONEY.

Editors Louisville Medical News:

The consultation which you have called through your columns in regard to the impecunious condition of doctors is weekly growing more and more interesting as the various opinions are gathered in. The disorder is one not recognized by the "universal" nomenclature desired by the Royal College of Physicians of London; but if its great importance and its immediate relation to every case of surgical accident or disease is fairly considered it is well worth a place in that wonderful document of scientific and classical wisdom. For like malaria or syphilis in the theory of many *savants* in medicine and surgery, it is "the basis or underlying element that complicates a large number of otherwise incomprehensible diseases." Anemia of the medical exchequer produces anemia of the medical brain so palpably that it requires no argument to demonstrate the proposition that fees and diseases have a close connection as cause and effect; and so well-paid doctors, like well-fed milch cows, let down freely the richest and purest lacteal secretion of medical lore. In the city and the country all doctors alike feel the need of this "brain-food"—"more money"—as you suggest. In the learned discussion of this consultation there has not been, and there is no likelihood of being, a difference on this point; but how to get this "more money" is the rub. One thinks there are too many doctors, another that we don't collect our bills, and still another, who is probably an enemy in disguise, that we are as well paid as any other class of men, and have no right to complain. With none of the first-mentioned opinions can I agree fully, and not at all with the latter. I incline to the view expressed by numbers of the profession all over the land, that it is the prescription-druggist who is robbing us both in the city and country. When I began practice there was no writing of prescriptions in my town. In an evil day, in conjunction with a *confrère* and a competitor, I agreed to help to introduce and sustain a prescription-druggist. It soon became all the rage to write prescriptions. The people took to it because it reduced a little the outlay for their medicines, and the rest of the profession in the same place followed suit because it had the air and method of "progress"

about it. After a while our patients began to abandon us for the smart knights of the pestle and mortar, who began "practice" by repeating our prescriptions.

The next step of the druggist was taken in the management of venereal diseases with secret formulas; and this added greatly to his development into "a practitioner." The next and final step whereby the humble druggist of our early recollections became a full-blown "doctor in medicine" in the community, having his clientele of patients for whom he prescribed over the counter, was to utilize the published formulas of all those manufacturers (druggists) who have latterly monopolized nearly all the advertising space of regular medical journals in which to display the therapeutic properties of their wares, all of which statements are certified to by prominent medical men in the cities, many of them professors in colleges. These ready-made formulas and the flood of "new pharmaceuticals," with the accompanying "circular," popular lecture, and all, for shame, fortified by the aforesaid certificates, have been carefully pondered and studied by these druggists.

From hydroleine and hydropiper all the way through to gunja oil, they "know all about new remedies" and their administration, and so if you are cautious you may sometimes walk in upon these learned gentlemen in the midst of a consultation. If you do, you are likely to hear (for a moment only, for they shut up when they recognize you) something about "imperfect assimilation," "the demands of your system for phosphates," or "neuralgia of the supra- and infra-orbital branches of the fifth nerve," and "that such and such an eminent professor has certified to the efficacy of this preparation in cases very similar, I believe, to yours." Furthermore, when the voice of the festive drummer is heard in the land if you should happen in one of these stores while he is calling you will invariably find that the drummer recognizes the druggist with the title of "doctor," and urges the adoption of his wares in his business as suited to the practice, such as he well knows the druggist is engaged in.

So much for my diagnosis. When the *whole* profession agrees upon it it will be time to discuss prognosis and treatment.

Yours fraternally and impecuniously,
A QUONDAM SADDLE-BAGS.

SPOTTED typhus has appeared in Saxony.

Reviews.

Imperfect Hearing and the Hygiene of the Ear.

INCLUDING NERVOUS SYMPTOMS, TINNITUS AURIS, AURAL VERTIGO, DISEASES OF THE NASOPHARYNGEAL MEMBRANE, MIDDLE EAR, AND MASTOID REGION. With home instructions of the Deaf. By LAWRENCE TURNBULL, M.D., Ph.G., Aural Surgeon to Jefferson Medical College Hospital; Physician to the Department of Diseases of the Eye and Ear, Howard Hospital, Philadelphia, etc. Third edition, with illustrations. Philadelphia: J. B. Lippincott & Co. 1881.

That this is the third edition of this work is sufficient evidence of its popularity. The high standing and reputation of Dr. Turnbull renders any thing he may write on the subject of aural disease of practical value. This book is written in the pleasing manner and with the clearness of diction characteristic of all the author's writings. He has divided the book into eight chapters, each one of which is full of interest. Of especial interest is the one "on the method of educating the deaf-mute at home and on the selection of proper schools for the deaf and dumb;" in this the author makes an eloquent appeal for their instruction, and gives results of the most encouraging character to those engaged in the education of these unfortunates. He discusses the questions, (1) What is the best method of classifying deaf children, and is it advisable to place them in ordinary or special schools? (2) how many deaf-mutes are capable of receiving articulation, lip reading, or Bell's method of instruction; and (3) should the attempt be made to instruct all deaf-mutes by articulation or by the sign language only? He says, "If a child can hear well enough to understand the teacher when near him the ordinary school is for him decidedly better than a special school." "Congenital deaf-mutes attending an ordinary school may learn to read and write, or rather to copy, and may perhaps get some idea of numbers; but the teachers of such schools do not know how to reach their pupils' minds even if they have the time to teach them."

He closes the chapter by stating that the object of writing that part of the subject was "to excite a greater degree of interest in physicians for the deaf-mutes; to induce a more conscientious study and treatment by physicians of the ears of their patients when the latter are attacked; to lead physicians to give other systems of instruction for the deaf and dumb a certain amount of study, that they may be able to intelligently

recommend to patients or friends the best method for each individual case; and to induce the physicians to recommend that there should be appointed by the governor of each State a commission to collect, examine, and classify the deaf and dumb, so that all who are found to possess any degree of hearing or any remnant of speech may be taught articulation by the German method or that of Bell, and that those who are unable to profit by this system may be taught the language of signs, natural or acquired."

He concludes with a comparison between the audiphone, dentaphone, and the various forms of ear-trumpet for the deaf, and says while he considers the audiphone and dentaphone of real value in some of the cases where the inflammation and ulceration have destroyed the integrity of the organ, he considers that, at present, the ear-trumpet has the widest range of application.

All through the work the subject is handled in a masterly manner, and will well repay any one who may read it. C. E. B.

LOUISVILLE.

Formulary.

APPLICATION FOR CHILBLAINS.

The following is Dr. Bartholow's formula for an ointment as a local application for chilblains:

R Acid carbol..... 3j;
Tinct. iodini..... } aa 3ij;
Acid tannici..... }
Cerat simplici..... 3iv. M.
Sig. Ointment.—*Oil and Drug News.*

PILOCARPIN A CURE FOR NIGHT-BLINDNESS.

Pilocarpin exerts a stimulating influence upon the retina. Dr. Mecklenburg (*Berlin. Klin. Woch.*) gives this case:

A strong and healthy male prisoner, twenty-four years old, who had never previously suffered with his eyes, suddenly became night-blind; as soon as dusk set in he could see nothing. It was a case of hemeralopia. The pupils were greatly enlarged, but nothing else was abnormal about the eyes. After the usual means had been tried, Dr. M. injected subcutaneously—

R Pilocarpinæ muriat..... gr. jss;
Aqua destillata..... ℥ lxxv.
Sig. Inject twenty-five minims.

The improvement was immediate, and after the third injection the patient was well.—*Med. and Surg. Reporter.*

[The usual dose of pilocarpin is from one eighth to one fourth of a grain. Half-grain doses have been reported as given by some experimenters, without any bad result; but until the drug becomes better known, we counsel due caution in its use.]

PROF. DA COSTA'S FAVORITE PRESCRIPTION OF SODIUM SALICYLATE.

R Sodii salicylate..... 3j;
Spr. lavend. comp..... fl. 3j;
Glycerinæ..... fl. 3ss;
Aque, q. s. ad..... fl. 3iij.
M. et sig. Two tablespoonfuls as a dose.

[Prescriptions of salicylate of sodium should always contain some flavoring substance of decided character. We have hitherto used oil of cinnamon, a few drops to the fluid ounce of the mixture. We believe the lavender is better because stronger than cinnamon. Without some flavoring ingredient the salicylate is very disagreeable to most tastes.]

CHLORAL HYDRATE AS A TOPICAL APPLICATION IN DIPHTHERIA.

Dr. Daniel Phelan (*Canada Lancet*) recommends in this affection—

Chloral hydrate..... 3ij;
Glycerin..... 3j.

To be applied to the false membrane, by means of a camel's-hair pencil, every four hours. At the same time he gives internally—

R Tinct. ferri perchlor..... } aa 3ij.
Potass. chlorat..... }
Aqua destillata, ad..... 3iv. M.

Sig. Teaspoonful every three hours to children between the ages of three and six years.

THE MYDRIATICS.

Atropia sulphate..... gr. ij;
Aqua destillata..... fl. 3j.

Dissolve. Sig. A drop or two in the eye every four hours until dilatation of the pupil is produced.

This is the most easily obtained, but prevents the use of the eyes in close work for ten days.

Duboisia sulphate..... gr. i-ij;
Aqua destillata..... fl. 3j.

Make solution and use as above.

This interferes with close vision for about six days only (Dr. F. M. Perkins).

Homatropin hydrobromate..... gr. ss;
Aqua destillata..... 3ij.

Make solution and put one drop in each eye every half hour till four instillations have been employed.

Paralysis of accommodation from this passes away in less than twenty-four hours (Dr. W. Cheatham).

AN ANTHELMINTIC.

The following formulæ are recommended by Prof. J. L. Smith, M.D., for the expulsion of the roundworm:

R Fluid ext. spigeliæ..... 3j;
Fluid ext. sennæ..... 3ss.

M. Sig. A teaspoonful to a child of three to five years; or,

R Fluid ext. spigeliæ et sennæ... 3j;
Santonini..... gr. viij.

M. Sig. A teaspoonful to a child of five.

The Medical Gazette says that "for the expulsion of the roundworm no better formulæ than these have been devised. They are found to be an effectual means also of destroying the *ascaris vermicularis*."

MEDICAL USES OF INDIAN HEMP.

Dr. Michael (*Montpellier Medical; Bull. Gén. de Thérap.*) again calls attention to the value of Indian hemp, particularly in uterine affections. He proposes the following formula in metrorrhagia:

R Tincturæ cannabis indicæ..... fl. ʒj;
Syrupi simplicis..... fl. ʒj;
Aquæ ad..... fl. ʒ viij.

M. Sig. A teaspoonful every five or six hours.
This dose may be gradually increased.

His experience leads to the following conclusions:
1. The action of Indian hemp is double—excitant in small doses, in larger ones sedative and even hypnotic. 2. Of use in most nervous affections, it is particularly valuable in chorea, tetanus, certain cases of mental alienation, delirium tremens, and neuralgia. 3. The muscular tissue of the uterus is particularly sensitive to its influence; metrorrhagia is stopped by it, and the uterine contraction so increased that it might be substituted for ergot.—*Ind. Pract.*

Pharmaceutical.

THE invention of the capsule may be regarded as one of the triumphs of modern pharmacy.

The old-fashioned naked pill, with its irregular contour and its nauseous taste, which not infrequently excited in the pharynx an inverted deglutition, whereby the disgusting intruder was tossed up into the region of the posterior nares, there to remain fixed until the unfortunate swallower should dislodge it by vomiting, has become almost if not quite a thing of the past.

The capsule has manifest advantages over the pill, such as ease in swallowing, readiness of solution, together with the protection it affords the medicine against atmospheric influences, thus insuring that it shall arrive in the stomach in the best condition for assimilation; and these facts being well understood by the physician, the term "Ft. pilulæ" at the close of a prescription is not now very often seen.

A capsule to meet the above requirements should consist almost entirely if not wholly of pure gelatin, which, on entering the stomach, appropriates water of composition, and becoming a jelly will readily dissolve and set the contained medicine free.

But the increased demand for capsules, together with a desire to furnish them at a low price, has tempted some manufacturers to use glue and various other cheap and impure compounds in their manufacture.

Capsules made of these substances are sometimes so slow of solution as to seri-

ously delay the action of the medicine, or worse still, resisting the fluids of the alimentary tract to the end, pass out like bullets, unchanged.

Even if they be retained and dissolved they are competent to make mischief, for they carry with them the seeds of fermentation, which may germinate to the prejudice of a delicate digestive apparatus.

Before ordering them for a patient the physician should test a given specimen of capsules by holding one in his mouth until it dissolves. If its solution is rapid, and no unpleasant flavor is perceived, it may be safely used; but if it tarries long upon the tongue, or imparts to the taste a savor of the hide-store or the sour-paste pot, it should not under any circumstances be given to a sick person.

The old and highly reputable firm of H. Planten & Son, 224 William Street, New York, furnishes an article which will stand any test, and we can conscientiously recommend their capsules to the profession.

They are made of seven different sizes for the mouth and of three for the rectum. The latter are conical at one end, and present a form which may be easily introduced into the rectum, and retained by this organ without discomfort.

Obituary.

WAR DEPARTMENT, SURGEON GENERAL'S OFFICE, }
WASHINGTON, D. C., February 25, 1881. }

It is with profound regret and a sense of loss not only to his corps, but to the medical profession, that the death of George Alexander Otis, Surgeon and Brevet Lieutenant Colonel U. S. Army, is announced to the Medical Corps of the Army.

Born at Boston, Mass., November 12, 1830, he graduated with the degrees of A.B. and A.M. from Princeton College; entered the Medical Department of the University of Pennsylvania, and received his degree of M.D. from that institution in 1850; visited Europe, and prosecuted his studies in London and Paris, and returning to this country he established himself at Springfield, Mass.; appointed Surgeon Twenty-seventh Massachusetts Volunteers, September, 1861. He held this position until appointed Surgeon U. S. Volunteers August 30, 1864. After the close of the war he entered the Medical Corps U. S. Army as assistant surgeon Feb-

ruary 28, 1866; became captain and assistant surgeon July 28, 1866, major and surgeon March 17, 1880, having received the four brevets of lieutenant colonel of volunteers, captain, major, and lieutenant-colonel U. S. Army for meritorious services during the war. While surgeon of the Twenty-seventh Volunteers he served in Virginia, North and South Carolina, and was on special duty in charge of the hospital steamer "Cosmopolitan" in the Department of the South. Assigned to duty in this office July 22, 1864, he was curator of the Army Medical Museum, and in charge of the Division of Surgical Records until his death.

He was editor of the Richmond Medical Journal for three years, member of the leading medical societies of America, and corresponding member of various similar societies in Europe, and a contributor to prominent medical journals. Surgeon Otis, with his personal observations of the surgical collections abroad, brought indefatigable industry and untiring energy to the development of the surgical and anatomical collections of the Army Medical Museum, which he has made the most valuable of their kind in the world. The compilation of the Surgical Volumes of the Medical and Surgical History of the War has placed Surgeon Otis confessedly among the most prominent contributors to surgical history.

While on duty in this office Surgeon Otis wrote for publication no less than ten reports on subjects connected with military surgery, etc.; among which are his most valuable and exhaustive reports on Excision of the Head of the Femur for Gunshot Injury, and on Amputation of the Hip-joint in Military Surgery. Of great culture, retentive memory, and with a remarkable facility of expression, he was, as a compiler and writer, conscientious in his analyses, giving his deductions from the facts before him with modesty but decision. With such a record it is needless to speak of his zeal, his ambition, or his devotion to his profession, and especially to the reputation of the corps of which he was so bright an ornament. While devoting himself to the preparation of the third and last Surgical Volume (now more than half completed) of the Medical and Surgical History of the War, he died in this city February 23, 1881. His untimely death will be deeply deplored, not only by the Medical Corps of the Army, but by the whole medical profession at home and abroad.

JOS. K. BARNES,
Surgeon-general.

Miscellany.

BLOOD-LETTING.—Dr. Rufus W. Griswold, writing in *Independent Practitioner*, gives it as his opinion that blood-letting has fallen into disuse as a therapeutic measure in our day not because of improved methods in the treatment of disease, but for the reason that the type of diseases demanding depletion has changed during the last half century. He says, "An experience of thirty years in practice, backed by the observations of some of my neighbors who have been driving for twenty years longer than I have, is to the import that there has been such a change in the type of diseases as renders the frequent use of the lancet less important than formerly; but not such an one as justifies that degree of abandonment of it that at present prevails.

In this region at least there is less of the sthenic type in even inflammatory fevers; there is a more general disposition to take on what is called the typhoid form; depletion, whether by the evacuation of blood or by the administration of reducing drugs, is not so beneficial toward a recovery from a disease of even the highly inflammatory form as formerly; and the legitimate deduction is that the use of the lancet is less often needed. Certainly this is the view entertained in the matter by nearly all the practitioners who began work forty and fifty years ago with whom it has happened to be my pleasure to converse on the subject, and this view is supported by abundant written authority on the subject.

OIL OF ERGOT.—This oil has until quite recently been considered as a waste product eliminated in the production of the various ergot preparations. It can be made by the addition of benzine to ergot by the process of displacement, and afterward allowing the benzine to slowly evaporate. As a local remedy this refuse oil is much cheaper than any of the other oils and fats, and contains in addition to its fixed oil other ingredients that make it a most important therapeutic agent. Dr. J. V. Shoemaker has obtained excellent results in the acute variety of eczema, in cracked nipples, in herpes of the genitals, in checking the seborrhea of the scalp and other hairy parts of the body, in seborrhea of the genitals, as a local application in erysipelas, in rosacea, in ulceration of the cervix uteri, in gleet and gonorrhea, and in leucorrhea.—*Oil and Drug News.*

FOOL'S PARSLEY.—This common weed, *Aethusa cynapium*, has been classed heretofore by botanists and toxicologists among the poisonous weeds, but Dr. John Harley, of England, claims to have proved its harmless and innocent character. Having collected the plants at two seasons of the year, just before flowering and also after the plants had set their fruit, he expressed the juices of both stem, leaves, and roots, and preserved the extracts by the addition of alcohol. Being thus provided with a supply of material which supposedly represented the active principles of the plant, he exhausted his supply on four persons. Effects were carefully looked for, but none followed after any one of the doses. Dr. Harley feels compelled to say, in conclusion, that "fool's parsley" is not only absolutely free from the noxious properties ascribed to it, but that it is pleasant to the taste, sight, and smell, and in the absence of the more succulent and fragrant herbs might well be used as a pot-herb or salad. Moreover, he asserts that his conclusions are independent both of locality and season, the only influence that these conditions have on "fool's parsley" being that of increasing or diminishing its succulency. *Oil and Drug News.*

FROST AND MORTALITY.—The fatal effect of severe winter weather, called seasonable, upon the public health is once more exemplified in the Registrar-General's weekly return. During the six weeks of mild winter weather ending on the 8th instant the weekly number of deaths in the twenty large English towns dealt with in that return averaged 2,971, whereas in the two following weeks they rose to 3,444 and 4,199. This represents an excess of mortality in the two weeks equal to 1,701 deaths in the twenty towns. It has often been shown in the reports of the Registrar-General that the effect of intense cold is fully as great on the mortality of rural as upon that of urban populations. We may therefore assume that the effect of the severe frost that set in the 12th instant on the registered mortality of England and Wales up to Saturday, 22d instant, was to add to the register the record of not less than 5,749 deaths of persons who would have survived if the mild weather had continued. This simply represents the number of those killed outright by the first week of the frost, and affords but a slight indication of what the losses to the population would have been from a continuation of the intense cold. The above figures take no account of

the wounded in the first week's conflict with the weather, who will the more readily succumb if the conflict be prolonged. It will be many weeks before it will be possible to sum up the total losses due to this arctic weather. It must not be supposed that the losses fall chiefly upon the weakly, the elderly, and infirm, as these figures show that the largest proportional losses were among male adults aged from thirty to fifty, upon those whose occupations entail upon them most risk of exposure.—*London Lancet, January 29, 1881.*

WHEN SCIENTISTS OUGHT TO BE KILLED.—Prof. Huxley says he has long entertained the conviction that any man who has taken an active part in science should be strangled at sixty. In his experience ninety-nine men out of every hundred become simply obstructionists after that age, and not flexible enough to yield to the advance of new ideas (Cincinnati *Lancet* and *Clinic*). They are, in short, "old fogies," and he thinks the world would be benefited by the operation he suggests. It may be interesting to note, by the way, that the learned professor himself is fifty-five.

LOEWENBERG believes that in the majority of cases *fungous deposits in the ear* are caused by the introduction of fatty substances, such as oils, into the auditory canal. These all undergo rapid decomposition in the warmth of the canal and are transformed into glycerin and fatty acids. The spores of the fungi, which exist every where in the atmosphere, germinate rapidly amid such favorable surroundings. He therefore never prescribes any oily substances, but uses glycerin in place of them. When once the fungi have taken root and are growing he employs alcohol against them.—*Dr. C. S. Bull, A.M., M.D., in New York Med. Journal.*

THE CONVICT, DR. BUCHANAN.—Buchanan, the foster-father of bogus medical diplomas, entered the Eastern Penitentiary at Philadelphia a few days ago with his head covered by a sack to prevent his knowing the location of his cell (Medical Record). He had been confined up to that time in the county prison, but now he is a convict in the penitentiary, fulfilling the sentence passed on him for conspiracy to defraud the United States of his bail. There are other charges still pending against him. Thus ends for the present the career of the celebrated "doctor."

REVACCINATION.—A correspondent, who signs himself "Umbilicated Vesicle," writes thus to the Boston Med. and Surg. Journal: A "vaccination point" which occurs to me, and to which I think some importance may be properly attached, is this: We know from past experience the instant we have smallpox among us, people (especially those merry and devil-may-care dogs who laugh at vaccination and "prefer smallpox and done with it") immediately roll up their sleeves and demand our attention at once. Under these circumstances the "boom" in vaccine lymph sets in, and as the demand increases we begin to obtain very peculiar results from its use. In some cases one might almost imagine that the points used had been dipped in the secretion of a hard chancre, so obstinate and indurated are the ulcerations produced. In others our suspicions are directed toward the inoffensive mucilage-bottle. I think, if we proceed now to quietly vaccinate such of our patients as we think require it, that we may avoid the results mentioned above (which are inevitable if the disease visits us), and obtain in many cases what we seek—an umbilicated vesicle.

ADMINISTERING ALCOHOL TO CHILDREN. We believe it is not an uncommon custom in the country to administer spirit in various forms to infants and children. It is, we think, very objectionable in the absence of medical advice, and but little better than the administration of opium. Two cases of death in one night—that of twin children—are before us, both dying suddenly at Tenby, without being seen by a doctor. They were only eight months old, and the mother's chief idea of treatment seems to have been beef tea with brandy or sherry—very doubtful dietetics at eight months. Death from natural causes was the ready verdict, which we would slightly amend thus: Death from natural and unnatural causes. The kindness of the parents was not at fault so much as their intelligence. The medical man examined said that he could not account for the death, but is afterward reported as saying that teething was enough to explain death.—*London Lancet.*

A FARMER has been fined £6 17s., including costs, at the Leicester County Police-court, for mixing the milk of certain cows affected with foot-and-mouth disease with other milk, and selling the mixed milk for human food, contrary to the Order in Council of the 9th July, 1879.—*London Lancet.*

A CONFERENCE of anatomical teachers was held on Thursday evening, February 3d, at the Middlesex Hospital to consider the propriety of taking steps to remedy the prevailing scarcity of subjects for dissection.—*London Lancet.*

[The scarcity of dissecting material is getting to be a serious problem with anatomical teachers every where. Query—Is this due to a decrease in the annual supply of "stiffs," or to a disproportionate increase in the number of limber exponents of anatomical science?]

WHAT'S IN A NAME?—A German preparation analyzed by Hager, and sold under the name of *proteinnahrungsmittel* (which being translated means protein food), consists almost entirely of starch powder.—*Oil and Drug Reporter.*

[The O. and D. R. thinks that a customer who buys a substance with so promising a name is certainly entitled to more than one ingredient. This is unjust. Any reasonable purchaser would see at once that the name is worth the money paid, and thankfully accept the starch as a gratuity.]

SMALLPOX in Jersey City has been increasing of late in a way to alarm the authorities (Medical Record, February 19, 1881). In the country at large there seems to be considerable prevalence of the disease, though during the first week in February there were more cases in Philadelphia than in all other places put together. Seventy-one deaths were reported for the week ending February 5th. Of these forty-seven occurred in Philadelphia, nine in New York, thirteen in Chicago, and five in San Francisco.

At the close of the month ending February 15th, if the London Lancet is not mistaken, there were found among the rakings of the English matrimonial drag-net three M.R.C.S.E.s, an M.B., M.R.C.S.E., an M.B., M.C., N.B., an F.R.C.S., an M.B.C.M., an M.D., M.R.C.S., an L.R.C.P., M.R.C.S.E., and a surgeon.

Nos. 246 (Vol. X, No. 11), dated September 11, 1880, and 250 (Vol. X, No. 15), dated October 9, 1880, of the NEWS are wanted to complete our files. We need about twenty-five copies of each, and subscribers having these to spare will confer a great favor on us by mailing them to MEDICAL NEWS, care of John P. Morton & Co., Nos. 156 and 158 West Main Street, Louisville, Ky.

A CORRESPONDENT of the London Med. Journal sends the following lines, with the hope that the sentiments therein expressed will meet with an echo in many a breast which would recoil from Mr. Tennyson's "In the Children's Hospital":

O! watched for, longed for, through the weary hours
Of pain and weakness. What a gift is thine!
What a proud science, Godlike and benign!
To pour on withering life sweet mercy's showers,
And on the drooping mind's exhausted powers
Like a revivifying sunbeam shine;
For thy next smile what sleepless eyelids pine!
What sinking hearts, to which the summer flowers
Can breathe no joy! How many a day
I heard thy footsteps come and die away,
And clung unto that sound as if the earth,
With all its tones of melody and mirth,
To me had naught of interest—nothing worth
The brief bright moments of thy kindly stay.

E. M. H.

MR. WM. ROSE writes in London Lancet: After considerable experience in operations about the mouth where an anesthetic is used, I have come to the conclusion the tongue should be left perfectly free, and only occasionally depressed with a suitable spatula when dealing with parts which its presence obscures; for I have found that with the continuous pressure of a plate the tongue is always liable to bulge up behind it, and so impede or prevent respiration by pressing on the glottis, causing great danger to the patient and anxiety to the operator.

Selections.

The Salicylic-acid Treatment of Rheumatism.—P. W. Latham, M.A., M.D., F.R.C.P., writes in the London Lancet:

As regards the appearance of uric acid and urates in the urine, it may, I think, be shown that if the disintegration of the muscular be in excess of that of the nervous tissue, uric acid will be formed in excess and pass into the blood. If the contrary condition exists, there will be excess of some of the biliary secretions and of phosphates in the urine; but this must form the subject of further investigation. Salicylic acid, then, in acute rheumatism and in diabetes enters into chemical combination with the antecedents of lactic acid and of glucose, and so prevents their formation; and in acute rheumatism, by preventing the formation of lactic acid, there is no longer that dilatation of the minute arteries and consequent hyperoxidation of the muscular tissue, producing pyrexia and increased formation of urates, which are accompaniments of the disease. But to effect this purpose the dose in this disorder must be large enough to produce some decided effect upon the system, such as copious diaphoresis, noises in the ears, or difficulty of hearing, and put a stop to the formation of lactic

acid. Salicylic acid which has once passed through the portal system has probably comparatively little effect after it gets into the general circulation. Why this is the case does not seem very clear, but in experiments that have been made with benzoic acid it was found that when the substance was injected into the circulation alone it appeared as such in the urine and not as hippuric acid. When two grams of benzoic acid and thirty centigrams of bile (which contains glycocin-) were injected into the blood of a dog or cat, the urine was found to contain a considerable quantity of hippuric acid, but no benzoic acid. With a larger proportion of benzoic acid the excess passed into the urine together with the hippuric acid. Simultaneously with the appearance of the physiological effects will come relief to the joints and muscles. The dose necessary to effect this is rarely less than sixty or seventy grains; it may be one hundred, one hundred and twenty, or more. The plan I adopt is to give the true salicylic acid in hourly doses of twenty grains till sixty grains have been taken, and then ten or twenty grains every hour, watching its effect until the symptoms are relieved and the patient's joints can be moved without pain. I give it in the form of pills (twenty grains mix with a small quantity of pulvis acacie and glyceri can be made up into six hard pills). And during the last four years, although I have given it to patients with all forms of heart-disease, I have never seen any bad results follow its administration. Given in the form of pill it is perhaps absorbed less quickly, but more uniformly, into the circulation. But I have been careful not to use the artificial salicylic acid. This is made by passing carbonic acid into carbolic acid, and is therefore, unless very carefully prepared, liable to contain carbolic acid. "When six or eight grains of carbolic acid are taken in a wineglassful of water a sense of numbness is felt upon the lips and in the mouth, followed by a sensation of coolness. Then, if the stomach is empty, slight nausea and an uneasy sensation in the abdomen follow, with vertigo, ringing in the ears, and slight deafness. The pulse falls in frequency and force, as does also the cardiac impulse, and diarrhea sometimes occurs." Similar effects to these have been ascribed to the use of salicylic acid, but, I believe, unfairly.

While the remedy appears to relieve and cure acute rheumatism, it is an unquestionable fact that relapses are extremely liable to occur. These, I think, are explained by the supposition that while the formation of the *materies morbi* is prevented, owing to the decomposition of its antecedents, by the remedy, this has no effect in improving or restoring the tone of the "coördinating chemical center;" and in a short time, if the remedy be discontinued, the morbid products are again formed; but give the remedy in much smaller doses two or three times a day until the "center" has recovered its tone, and then relapses need no longer be feared.

A Case of Traumatic Tetanus Treated with Calabar Bean—Recovery.—By C. Clark Burman, L.R.C.P. & S. Ed. (London Lancet):

On September 8th last I was called to see a boy eleven years of age who had received an injury in his foot while driving a reaping machine. I found an extensive lacerated wound of the left heel, a large flap of skin and subcutaneous tissue was reflected over the os calcis, laying bare the posterior and part of the inferior surface of that bone, but not injuring

its periosteum. The tendo-Achilles was laid bare for about two inches from its insertion to the os calcis. A considerable portion of the flap was missing upon its inner side, and its only connection to the sole of the foot was by a narrow strip of skin not more than an inch in width. After cleansing the wound I replaced the flap, and retained it in position by means of sutures; but, as I feared would be the result, the upper and outer part sloughed, due no doubt to the small vascular supply through the narrow neck connecting it to the uninjured skin. The wound otherwise was progressing favorably, the boy was in good spirits and complained of no pain, except during the dressing of the wound. At first cold-water dressings were used, but so soon as sloughing took place the carbolic-acid lotion was substituted. On Friday the 17th it seems that he complained to his mother of a "stiff neck," but of so slight a nature as not to be mentioned to me upon my visit next day. On Sunday the 19th he complained of stiffness of the jaws and difficulty in mastication, which on the following day had developed into well-marked trismus, the sterno-mastoid muscles on each side being in a condition of tonic spasm. The risus sardonicus was distinct; the teeth could be separated only about half an inch; no general convulsions, however, had been noticed; there was great nervous excitability and slight epigastric pain. The pulse was 120 and hard, as if the arterial coats sympathized with the general muscular contraction. I at once prescribed chloral hydrate and belladonna in full doses, kept the room darkened and quiet, ordered him milk and strong beef tea, with small but frequent quantities of port wine. An enema of castor oil and turpentine was administered. On Tuesday the 21st the first convulsion appeared, which was, however, neither severe nor of long duration. The pulse was still rapid and hard, but accompanied with very little feverishness. The wound was doing well, the slough separating nicely. During the two following days his condition was much the same, a general spasm occurring upon any sudden start or exertion, such as moving to have the wound dressed, etc. To relieve pains that he experienced along the upper part of his spine he was laid upon his abdomen with a pillow under his breast, and in this position he remained until convalescent. Ice not being readily obtainable, I ordered india-rubber bags filled with cold water (frequently changed) to be kept constantly applied to the lower cervical and upper dorsal regions.

Considerable difficulty now began to be experienced in swallowing the chloral and belladonna mixture, almost every attempt producing a convulsion, in which the body assumed the characteristic arched position, and all the muscles became quite rigid. He was able, however, to take considerable quantities of milk, also wine well diluted. I now administered morphia hypodermically, but the nervous excitability had now reached such a pitch that even to do this produced a convulsion. The jaws being almost completely closed, and the difficulty and danger of administering remedies had become so much increased that I obtained from Messrs. Savory & Moore a supply of their gelatine lamels containing one sixtieth of a grain of extract of calabar bean in each; and on Wednesday the 29th I prescribed one every four hours, continuing the stimulants and as much milk and beef tea as could be taken. The lamels were slipped in between the teeth and allowed to dissolve in the mouth. On Sunday, the 3d of October, decided symptoms of improvement showed themselves;

the convulsions, which a few days before were so frequent and so easily excited—even the sudden falling of the door-latch was sufficient to induce one—were now less frequent and not so severe. The jaws could be opened to a slight extent and the boy could retain and swallow his saliva. The general improvement continued until on Thursday, the 7th, he was able to take a little boiled bread and milk, only one or two convulsions having occurred since the 3d. The lamels were continued until October the 10th, and since then his progress toward recovery has been steady and uninterrupted. . . .

On my last visit (October 25th) he was sitting up, dressed, and able to get about with the assistance of a crutch; and a few days ago I had the satisfaction of seeing my patient walking about, looking little the worse for the severe illness he had gone through.

Rupture of the Vermiform Appendix.—The subject of this case was a robust soldier forty-five years of age, who had been in good health until a week before; was brought into the hospital with the symptoms of peritonitis, and died two days afterward (*Med. Times and Gazette*). On examination a large quantity of purulent fluid was found in the cavity of the abdomen, and the vermiform process, nearly five times its natural size, exhibited a large aperture, while its communication with the intestine was obstructed by a long bean-shaped concretion of a greenish color. On cutting through this there was found at its nucleus at the center a piece of husk of rye, around which had formed deposits of phosphate and carbonate of lime, the calculus having attained a centimeter in diameter before it caused rupture of the process. The case differs from most of those on record in having caused rupture by distension instead of by ulcerative process.—*Petersburg Med. Woch.*

On Certain Physiological Effects of Stretching of the Sciatic Nerve.—By Dr. C. E. Brown-Séquard, Professor of Medicine, College of France (*London Lancet*):

On eleven guinea-pigs, after having divided transversely the right lateral half of the spinal cord at the level of the tenth dorsal vertebra, I ascertained that there was the ordinary effect of such a lesion on the two hind limbs. I then stretched the upper part of the sciatic nerve in all of them on the left side, i. e. the anesthetic side. In one of these animals immediately after, in two of them a few minutes later, in two others half an hour after, and in three others much later, I found a considerable return of sensibility in the limb operated upon. Of the three other animals two remained as much anesthetic as they were before the stretching, and one had only very slight return of sensibility. I must say that in two at least of these last three guinea-pigs the knife had divided transversely very nearly two thirds of the spinal cord. In several of the eight animals which had a great increase of sensibility where anesthesia had existed (the left hind limb) there was observed a decided hyperesthesia. Another remarkable effect was ascertained—the hyperesthesia of the right posterior limb soon increased after the elongation of the left sciatic nerve. . . .

It might be supposed that the stretching of the nerve alters in some way its structure, and that this local alteration is the cause of the two effects (on sensibility and voluntary motion) which I have mentioned. That such a cause has some share in those

effects I consider as probable. But a great part of them, at least as is proved by the following facts, depends on an influence of the irritation of the sciatic nerve on the spinal cord, then placed in a special organic condition.

1. In the experiments above described the return of sensibility and the appearance of hyperesthesia, where anesthesia existed, are found in the limb operated upon not only in the parts receiving fibers from the sciatic nerve, but also and as much in parts having only fibers from the crural nerve.

2. In an experiment on a guinea-pig the division of the right lateral half of the spinal cord was made in the cervical region (at the level of the third vertebra). After having ascertained that there was considerable anesthesia in both limbs on the left side and hyperesthesia in the right ones, I stretched the left sciatic nerve. The results were quite striking, not only upon the left hind limb, but also the left anterior limb soon became hyperesthetic. On the right side both limbs soon acquired a greater degree of hyperesthesia than that which had previously existed.

3. In guinea-pigs whose spinal cord was normal I have stretched one of the sciatic nerves. The effects of stretching have then been different from those of the previous experiments. The hyperesthesia produced has been less than in animals having had a hemisection of the cord, and there has been also very much less paralysis produced. In the preceding experiments, as well as in these last, I have found a marked vasomotor paralysis in the limb whose sciatic nerve has been stretched.

I do not intend to discuss now the questions of usefulness and dangers of stretching the sciatic nerve in cases of locomotor ataxy. I will only say that much simpler means of treatment may prove as beneficial as that operation. My object in publishing this short paper is simply to point out the great power that the irritation of the sciatic nerve, when drawn and elongated, possesses, as shown so conclusively by the considerable dynamic changes produced in the properties and functions of the spinal cord in the experiments I have related.

Deficiency of Sunlight as Cause of Rickets.

Sir James Paget, in his address at Cambridge last August, suggested as a good subject for a scientific thesis the analogies between a green rose and a rickety child. In our opinion this is the direction in which inquiries must be made if we would solve the difficulties of this really important social question. Bearing in mind the effect of sunlight upon the nutrition and growth of plants, let us ask ourselves whether its privation may not be a most powerful factor in the growth and development of infants. Is it not very probable that an infant under the influence of air and ample sunlight may be able to develop and grow on a diet which, without sunlight, would be insufficient?—*Med. Times and Gazette.*

Adhesion of the Placenta.—By A. Cummings Air, L.R.C.P. Lond. (London Lancet):

I have met with several cases of morbidly adherent placenta during the last fourteen years, and am inclined to believe that the diagnostic problem may be solved with almost absolute certainty, although from my experience being limited to so short a time I would desire to write with all becoming modesty. The diagnosis is, I think, to be founded upon two

symptoms, one of which is mentioned by Dr. Churchill, the other by Dr. Barnes, viz. that at some period of pregnancy, generally between the third and fifth months, a fixed pain, generally of a dull aching character, is felt over some part of the uterus; and this is converted into a severe dragging pain when the patient attempts to turn over to lie on the side opposite to the placental site; so much so that patients with an adherent placenta will never (as far as my experience goes) voluntarily lie on that side. This pain I believe to be of the same nature as that mentioned by Dr. Barnes as being experienced when the cord is drawn upon, and is due to the dragging on the cord by the child when, from gravitation, it sinks through the liquor amni.

Theoretically it may be objected to this explanation that usually the cord is sufficiently long to prevent any such dragging, but I think it will generally be found that when the cord is long it is twisted around the neck or limbs of the child, and produces the same effect as a short cord would.

No history of this dragging pain on the patient's turning to the opposite side to the placental insertion will be obtained when the retention of the after-birth is merely due either to the inertia of a wearied uterus or irregular contraction. If there is hemorrhage in either of these cases one would be justified in trying the effect of cold, compression, etc. before introducing the hand, but in cases of true placental adhesion trying these and similar means leads to dangerous loss of precious time.

Intestinal Bacteria.—Nothnagel, of Jena, has been investigating the organisms found in feces, and has examined the microscopical characters of five hundred stools in health and disease (London Lancet). He found many microscopic organisms constantly present, but that which was found in greatest abundance was the *Clostridium butyricum* of Praznowski (the butyric vibrio of Pasteur, the *Bacillus amylobacter* of Van Tieghem). It occurred in feces in which no starch could be demonstrated. It is probably this which has given rise to the statement that the yeast fungus is often present in the feces. In point of fact it is very rarely found in the feces. Riesenfeld and Brieger discovered butyric acid in both the intestinal contents and in stools, and the product is doubtless the result of the growth of these bacteria.

Impacted Feces.—Dr. Robert Battey has a practical way of relieving women of hard masses of impacted feces when for any reason an enema or cathartic fail to do the work, or can not be administered (Med. Record). Instead of distending the sphincter-ani muscle and digging out the mass with a spoon or with some like instrument, he breaks it up and presses it out by means of the fingers in the vagina. This may generally be accomplished without difficulty, or with as little difficulty as by other means. The method is, moreover, less disagreeable both to the doctor and to his patient. It would manifestly be more easily accomplished in the cases of women who have been or are parturient.

To Disguise the Taste of Tincture of Iron. Dr. Hager recommends that tincture of the sesquichloride of iron be mixed with simple syrup and then with milk. This mixture will not affect the teeth, nor will the styptic taste be apparent.—*Druggists Circular.*